



STATE OF CONNECTICUT

ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION

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Legislative Analyst

Alok Bhatt

Dear Chairwoman Gerratana, Chairwoman Johnson, distinguished members of the Public Health Committee of the Connecticut General Assembly:

My name is Alok Bhatt. I serve as Legislative Analyst for the Asian Pacific American Affairs Commission (APAAC/the Commission). The Connecticut General Assembly established APAAC in 2008 to engage and advocate for our state's Asian Pacific American (APA) population. This population consists of peoples originating from over 62 countries, who speak more than 100 distinct languages and dialects.

In supporting APA communities, and all peoples facing barriers to health care, APAAC writes in strong support of HB-5457: An Act Concerning the Collection of Data by Health and Human Services Agencies.

Currently, there is little available data regarding APA health access in Connecticut. The White House Initiative on Asian Americans and Pacific Islanders (WHAAP) and other federal institutions collect and publish existing data on APA health issues and social characteristics at the national level. However, national data alone cannot provide the necessary information to assess health access and treatment concerns of APAs, or any community, in Connecticut.

Effective advocacy requires, in addition to continual engagement of local communities, sufficient data to present to policymakers and other stakeholders. Even as new sets of demographic data on health and well-being emerge, they often exclude APA populations. The Center for Disease Control acknowledges that the 'model minority' myth, which casts APAs as a homogenous group of socioeconomic overachievers, may contribute to a lack of interest in studying these populations. This false notion is an unacceptable premise for inaction.

National statistics and community narratives indicate that APAs endure similar rates of HIV/AIDS as other ethnic groups, soaring rates of Post-Traumatic Stress Syndrome (PTSD) among Southeast Asians, and high risks for Type-2 Diabetes and Hepatitis B. Despite these severe health hazards, APAs make the least medical visits than any other racial group. APAAC believes that comprehensive data and culturally competent services can significantly improve APA health inequity in Connecticut. For instance, data on mental health, a particularly prevalent, yet silent, topic among APA groups, could play a critical role in opening honest,

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necessary community dialogues around these concerns.

The educational and research opportunities achievable with current and comprehensive health and mental health data would be highly valuable to community members, service providers, and advocates. This data can be used to tailor health programs for specific ethnic groups and even regions in Connecticut. In connecting with local APA groups, the Commission and our various community partners find concentrated, local-level engagement most effective.

In considering the value of comprehensive and uniformly collected health and mental health data, especially with respect to research, treatment, and advocacy, APAAC supports HB-5457.

APAAC greatly appreciates the Public Health Committee recognizing the needs of APA and all communities of color.

Sincerely,

Alok Bhatt
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